

APPLICATION FOR REINSTATEMENT



-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -4 PM 5:09

KAFKA, INC.

1464 WASHINGTON AVE
MIAMI BEACH FL 33139
US

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MIAMI BEACH FL 33139
US

REINSTATEMENT

03/06/1996

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSVT	BENNETT, JOHN G	1464 WASHINGTON AVE	MIAMI BEACH FL 33139
D	BENNETT, JOHN G	1464 WASHINGTON AVE	MIAMI BEACH FL 33139
PSVT	GAVIRIA, LUIS E	1464 WASHINGTON AVE	MIAMI BEACH FL 33139
D	GAVIRIA, LUIS E	1464 WASHINGTON AVE	MIAMI BEACH FL 33139
			200003500392--8 -12/13/00--01101--015 ****750.00 ****750.00

BENNETT, JOHN G
1464 WASHINGTON AVE
MIAMI BEACH FL 33139

Name **GAVIRIA, LUIS E**
Street Address (P.O. Box Number is Not Acceptable)
1464 WASHINGTON AVE
Suite, Apt. #, Etc.
City **MIAMI BEACH** State **FL** Zip Code **33139**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 11/20/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE *W. W. RED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02

Date _____

(305) 207-6964

Daytime Phone #